

# **HAWAII DRUG CONTROL ACTION PLAN**

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## **INTERIM REPORT JUNE 2004**

### **Purpose of the Ad Hoc Committees**

Ninety individuals were invited to develop an action plan that builds on the recommendations drafted by 350 attendees of the Hawaii Drug Control Strategy Summit held in September 2003. Committee members consist of a wide range of community representatives who were selected on the basis of their expertise of the subject matter, community involvement, geographic distribution, visionary abilities, diverse viewpoints, and willingness to engage in collaborative activities. Five ad hoc committees – Community Mobilization, Legal Issues, Multi-Sector Collaboration, Prevention, and Treatment have been convened.

Members were asked to identify opportunities to improve the system of services that deal with drugs and underage drinking in Hawaii. They will develop short and long-term goals, first outlining action steps that will be implemented within the next 2-3 years while keeping in mind a long-term plan that will guide the State through the next 10-20 years.

### **Action Planning Process**

A series of ten meetings will be held from May to September 2004. Full and half-day sessions will allow participants to meet as a large group to compare individual ad hoc committee decisions and shorter meetings to focus discussions in each area. Committees will be supported by facilitators and consultants during the action planning process.

The agendas for the first four meetings will be prepared by the lead facilitator. These meetings will concentrate on creating a shared vision by:

- generating an initial list of ideas for taking action using the success stories to identify opportunities for building on or replicating success;
- developing criteria for evaluating action opportunities;
- applying criteria to the initial list of actions; and
- drafting a vision statement.

Individual committees will design their own action planning process for meetings #5-9. During these meetings, committee members will focus on:

- data/information required for informed decision-making—resources, community voice;
- impact on others—quick fixes, underlying challenges;
- outcomes—media and marketing, evaluation methods; and
- sustainability.

The final meeting will culminate in the design of an action plan for the State of Hawaii. The plan will promote policy and practices which are evidence-based, realistic, achievable and cost effective.

### **Purpose of Interim Reports**

Interim reports were originally conceived as tools to assist committee members reach agreement on specific objectives. The reports would assemble facilitator notes so that members would be able to compare planning decisions across the five committees and utilize the information at scheduled full-day sessions.

This interim report has extracted from the detailed notes submitted by the facilitators for all of the ad hoc group meetings and has been formatted to allow for quick review. Notes were abbreviated and condensed for a concise exposition of the information. Major subject areas will juxtapose notes from relevant committees, and the report will give a synopsis of unique discussions within individual committees.

### **Meetings #1-3**

#### **May 11, 2004**

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The purpose of the initial meeting was to inform participants about the action planning process and the desired outcomes. The agenda highlighted:

- Overall purpose of action planning and what the Office of the Lieutenant Governor will do with the results of this process
- Taking on the system: Creating change for the long term—What external elements need to be in place to help us be successful?
- Identifying attributes of successful change—common themes, structures, values that support change

Major topics covered at the meeting were:

1. *Common, Themes, Values, Structures from Success Stories*

Prevention	Legal Issues
<p><i>Themes:</i></p> <ul style="list-style-type: none"> <li>• Helping children and youth</li> <li>• Believe that prevention will work, especially through one-on-one intervention</li> <li>• A “continuum of care” model, working with the entire ohana</li> <li>• People who are willing to go the distance</li> </ul> <p><i>Values:</i></p> <ul style="list-style-type: none"> <li>• A belief that it is possible to transform situations</li> <li>• Pono – doing the right thing</li> <li>• Family values are very important</li> <li>• Caring from the heart</li> <li>• Being passionate</li> <li>• Spirituality in body, mind and spirit</li> <li>• A belief in self and a commitment to people</li> <li>• A sense of pride, both individual and community</li> </ul> <p><i>Structures:</i></p> <ul style="list-style-type: none"> <li>• Schools</li> <li>• Community</li> <li>• Youth sports organizations</li> <li>• Faith-based organizations or churches</li> </ul>	<ul style="list-style-type: none"> <li>• Education in every sense</li> <li>• Commitment to reaching goal</li> <li>• Caring and sense of responsibility</li> <li>• Working as a team, team building</li> <li>• Consistency in responses resulted in success of drug court</li> <li>• Collaborative efforts <ul style="list-style-type: none"> <li>✓ Example of successful community collaboration in needle exchange program</li> <li>✓ “Investing In Our Future”</li> </ul> </li> <li>• “Weed and Seed”; enforcement cleans up, prevention, intervention and treatment</li> <li>• Tenacity—having this value is a must</li> <li>• Importance of resiliency</li> <li>• Experience and open mindedness, necessary for positive outcomes</li> <li>• Important for youth to be involved and taking the initiative</li> <li>• Need positive programs for youth</li> </ul>
Multi-Sector	Community Mobilization
<ul style="list-style-type: none"> <li>• Cooperation</li> <li>• Common language</li> <li>• Effective communication</li> <li>• Empathy, compassion</li> <li>• Common values: openness, honesty, trust</li> <li>• Taking care of people</li> <li>• Attitude</li> <li>• Acceptance of change</li> <li>• Issues are personal and pervasive</li> <li>• Little successes build change over time</li> <li>• Behavior is a symptom (i.e., criminal behavior is a symptom of the addiction)</li> <li>• Comprehensive support programs (while incarcerated, pre-release, post-release)</li> <li>• Community involvement/ownership</li> <li>• Cultural, family, personal values and norms</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of acknowledging cultural differences</li> <li>• Work takes place in smaller communities</li> <li>• Complementary skills among participants</li> <li>• Spirit of volunteerism</li> <li>• Attitude of caring and sharing</li> <li>• Community pride</li> <li>• Community building</li> <li>• Creating partnerships</li> <li>• Getting communities to come together and do things for themselves, making them self sufficient</li> <li>• Self determination</li> <li>• Caring and concern for our communities</li> <li>• Commitment</li> <li>• Collaboration</li> <li>• Appreciation and value for diversity and uniqueness</li> </ul>

Treatment	
<ul style="list-style-type: none"><li>• Importance of relationships</li><li>• Celebrate all successes, even if small</li><li>• Emphasize/clarify responsibilities (vs. entitlements)</li><li>• Define communities and work with their strengths, especially their cultural identity; recognize the importance of a sense of place, neighborhoods</li><li>• Allow people (e.g., youth) to develop their own message/voice</li><li>• Put needs of people first</li><li>• Collaboration is the key to success</li><li>• Belief that people can change</li><li>• Positive reinforcement works</li><li>• Importance of ethics in professional situations</li></ul>	<ul style="list-style-type: none"><li>• Cultural coherence</li><li>• Importance of immediacy of intervention</li><li>• Treatment must be individualized and appropriate</li><li>• No client should be rejected for falling back; seek an alternative program</li><li>• Create a system that allows reporting the truth rather than what funding agency requires; data collected and reported should record real changes and successes</li><li>• Include plan for post-treatment; resources should be available from the beginning of treatment through successful reentry to the community</li><li>• Drug Court – works holistically</li></ul>

## 2. *Other issues*

Committees conducted additional discussions pertinent to their areas. Unanswered questions were reviewed and addressed to the extent possible.

Also, Ad Hoc Conveners and Co-Conveners were selected by their committees to provide basic leadership and a point of communication throughout the planning process. Only the Multi-Sector Ad Hoc Committee chose not to nominate a Convener and Co-Convener and decided to postpone their decision.

## May 25, 2004

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The purpose of the meeting was to:

- Generate initial list of ideas for taking action using the success stories to identify opportunities for building on or replicating success
- Develop criteria for evaluating action opportunities
- Apply criteria to the initial list of actions
- Discuss the Summit recommendations
- Addition of new people on the committees

Major topics covered at the meeting were:

## 1. *Success Stories and Best Practices*

Success Stories to Build On: Prevention	Ideas for Action from Success Stories: Community Mobilization
<ul style="list-style-type: none"> <li>• Hawaii Country Comprehensive Strategy – vision for juvenile justice</li> <li>• South Kona after school activity programs that build on existing programs</li> <li>• Common Grace—churches adopting public schools</li> <li>• Expansion of A+ program to older children</li> <li>• Project Graduation model</li> <li>• HINET as a possible model for sustainability</li> <li>• SIG grant</li> <li>• Teen Challenge—addressing the mind-body-spirit connection.</li> <li>• Other programs <ul style="list-style-type: none"> <li>✓ For older children—athletics and classrooms where kids can hang out after school</li> <li>✓ Drug and alcohol free events/celebrations</li> <li>✓ Affordable opportunities for all kids to keep kids engaged</li> <li>✓ Giving parents parenting tools/coaching skills; e.g. Hina Mauka program, Positive Coaching Alliance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Common themes <ul style="list-style-type: none"> <li>✓ Willingness to get involved; desire to work together</li> <li>✓ Sharing resources</li> <li>✓ Forming coalitions to involve wider community' include faith-based groups, corporations, social services</li> </ul> </li> <li>• Specific programs—i.e., programs to engage youth, family support, self-help, etc. <ul style="list-style-type: none"> <li>✓ Drug Rehab</li> <li>✓ Programs that incorporate Hawaiian culture; multicultural</li> <li>✓ Ho'o Mau Ke Ola</li> <li>✓ Delancy Street Foundation—an economic development model</li> <li>✓ E Ola Pono—high school curriculum</li> <li>✓ The Lanai Project –a summer-employment, job training program for youth</li> <li>✓ Free to Grow program</li> <li>✓ Spoken Word Program</li> <li>✓ Ke Alakehe School in Kailua-Kona</li> <li>✓ Partnership with Hawaiian Studies program at a local high school</li> </ul> </li> <li>• Common elements of success stories <ul style="list-style-type: none"> <li>✓ Prevention</li> <li>✓ Spirituality (including values)</li> <li>✓ Treatment</li> <li>✓ Social change</li> <li>✓ Economic development (including housing)</li> </ul> </li> </ul>
Best Practices: Multi-Sector	
<ul style="list-style-type: none"> <li>• Drug Summits</li> <li>• Weed and Seed</li> <li>• Coalition for a Drug Free Hawaii (town meetings)</li> <li>• Drug Court</li> <li>• HIDTA</li> <li>• Zippy's</li> <li>• Government/private coordination</li> </ul>	

## 2. *Recommended Actions*

Legal Issues	Treatment
<ul style="list-style-type: none"> <li>• Provide enforcement with laws and means to prosecute and arrest drug dealers <ul style="list-style-type: none"> <li>✓ Wire tapping</li> <li>✓ Mandatory minimum sentencing</li> <li>✓ Consensual searches; Airport – Walk and Talk; Neighborhoods – Knock and Talk</li> <li>✓ Review restrictions placed on judges that hamper appropriate sentencing of drug dealers versus users</li> <li>✓ Refine domestic abuse laws between parents and children</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Create system of care and programs that support, encourage, and communicate the belief that clients and the community can succeed.</li> <li>• Define continuum of services and how to provide it.</li> <li>• Develop resource structure (monetary and other).</li> <li>• Educate general public, including insurance companies to understand the continuum of the recovery process.</li> <li>• Redefine measures of success and outcomes measures.</li> <li>• Increase treatment capacity.</li> </ul>

Legal Issues (cont'd)	Treatment (cont'd)
<ul style="list-style-type: none"> <li>• Specific successful programs <ul style="list-style-type: none"> <li>✓ Drug Court –expand?</li> <li>✓ Weed and Seed program success due largely to community involvement</li> <li>✓ Project Graduation—get the media involved</li> </ul> </li> <li>• Other issues to consider <ul style="list-style-type: none"> <li>✓ Underage drinking</li> <li>✓ Hold legislators accountable</li> <li>✓ Must have inclusion</li> <li>✓ Combination of education and enforcement</li> <li>✓ Setting boundaries and consequences</li> <li>✓ Awareness of funding source and subsequent bias of results</li> <li>✓ Shared information enables agencies to target problems better; community buy-in</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Convene community meetings to provide the opportunity for education, involvement and commitment; to provide people with roles and a share in the responsibilities.</li> <li>• Sustain access to treatment programs sufficiently to recovery.</li> <li>• Reduce stigma attached to clients; promote public view of drug use and addiction as a public health issue.</li> <li>• Determine what the collective needs to address the implications of drug use as a health issue.</li> <li>• Implement a systems level or an ecological approach, including family.</li> <li>• Educate and engage employers.</li> <li>• Create and foster a sense of teamwork.</li> <li>• Develop a stable workforce and staffing.</li> <li>• Recognize the existence of dual diagnosis.</li> <li>• Empower clients by using their input in programs.</li> <li>• Provide rewards and celebrate success to honor improvement and support positive changes.</li> <li>• Foster the use of mentors and peers as role models.</li> <li>• Provide physical and emotional safety within programs.</li> <li>• Counselors understand and relate to client as “whole” person.</li> <li>• Provide diverse and alternative educational experiences.</li> <li>• Provide clean and sober houses, residential services, and independent living programs.</li> <li>• Share traditions and skills across generations and genders and amongst peers.</li> <li>• Provide culture responsiveness in service activities.</li> <li>• Use food and sharing in programs to draw people and build relationships.</li> </ul>

### 3. *Criteria to Evaluate Action Opportunities*

Prevention	Community Mobilization
<ul style="list-style-type: none"> <li>• Does it fill one of the gaps in current programs?</li> <li>• Does it meet one of the critical stages of life? Do we have programs/activities that address the issue at all critical stages (age range and continuity)?</li> <li>• Community collaboration</li> <li>• Work together across boundaries</li> <li>• Cultural sensitivity</li> <li>• Celebrate all successes even small ones</li> <li>• Effective communication</li> </ul>	<ul style="list-style-type: none"> <li>• Is it culturally responsible?</li> <li>• Is it an integral part of a holistic system?</li> <li>• Is it sustainable? Types of sustainability - <ul style="list-style-type: none"> <li>✓ self-sufficient</li> <li>✓ funding</li> <li>✓ other resources</li> <li>✓ long-term changes in community norms</li> </ul> </li> <li>✓ Is it based on economic reality?</li> <li>✓ Is there a process that fosters community empowerment?</li> </ul>

Prevention (cont'd)	Community Mobilization (cont'd)
<ul style="list-style-type: none"> <li>• Characteristics people need to make this work               <ul style="list-style-type: none"> <li>✓ Passion, commitment</li> <li>✓ Don't dwell on the negative/focus on the positive</li> <li>✓ Walk the talk</li> <li>✓ Put the needs of people first</li> </ul> </li> <li>• Investment in the future</li> </ul>	<ul style="list-style-type: none"> <li>• Is there a process that fosters leadership?</li> <li>• Is it collaborative?</li> <li>• Is it inclusive?</li> <li>• Is it community driven?</li> <li>• Does it include accountability at all levels, including benchmarks or other measures of success?</li> <li>• Is it responsive to the community?</li> <li>• Does the action lead to self-sufficiency?</li> </ul>
Legal Issues	Treatment
<ul style="list-style-type: none"> <li>• Existing research; programs backed by empirical data</li> <li>• Cost effective programs with built in provisions for evaluating fiscal impacts</li> <li>• Look at what other states, places, countries are doing that's successful</li> <li>• Immediate impacts that sustain/support the long-term initiative</li> <li>• Programs must either be institutionalized or developed so that they can be integrated/dovetailed into an existing "home," program</li> <li>• Must appeal to wide range of groups and views, community buy-in</li> </ul>	<p>The action is worth pursuing when it:</p> <ul style="list-style-type: none"> <li>• Uses a public health model with a systems/holistic/culturally appropriate approach.</li> <li>• Makes a compelling case for public health approach.</li> <li>• Impacts relationships of the client with family, providers, community, etc.</li> <li>• Incorporates and/or builds upon current successful programs/services.</li> <li>• Acknowledges and supports interdependent relationships and collaboration.</li> <li>• Builds upon the strengths of the community and shares responsibility and involvement of all members of the community.</li> </ul>
Multi-Sector	
<ul style="list-style-type: none"> <li>• Build upon existing systems</li> <li>• Measurable timeline</li> <li>• Timeliness</li> <li>• Urgency</li> <li>• Community support</li> <li>• Strategy for coordination (to identify and fill gaps)</li> <li>• High leverage</li> <li>• Low hanging fruit</li> <li>• Resources (not only \$) are available</li> <li>• An agency or group can be identified/held responsible to lead and take action</li> <li>• Upfront commitment form executive committee</li> </ul>	<ul style="list-style-type: none"> <li>• Higher level</li> <li>• Group ownership of plan, continuous buy-in</li> <li>• Community support and involvement</li> <li>• Announcement to community has to be in community</li> <li>• Layered support (i.e., get community to support law enforcement)</li> <li>• Filling gaps between layers and issues</li> <li>• Appropriate structured committees and advisory boards</li> <li>• Promotes of inter-departmental collaboration. May be easier to focus by geographical area.</li> </ul>

#### 4. *Review of Summit Recommendations*

Notes from Legal Issues	Summit Recommendations
<ul style="list-style-type: none"> <li>• Change state laws to enhance society's ability address abuses</li> <li>• Empower parents</li> <li>• Empower justice system/Increase collaboration</li> <li>• Review and enact effective laws for enforcement</li> <li>• Empower Law Enforcement</li> <li>• Stop drug supply</li> </ul>	<ul style="list-style-type: none"> <li>• Change state laws to enhance society's ability to eliminate alcohol abuse and drug use. Changes are needed in the following areas: <ul style="list-style-type: none"> <li>✓ Empowering parents</li> <li>✓ Free parents to be parents by: <ul style="list-style-type: none"> <li>→ refining domestic abuse laws for parents and children.</li> <li>→ reviewing and enacting effective laws to allow parents to guide the behavior of their children.</li> </ul> </li> <li>✓ Empower justice system/Increase collaboration</li> <li>✓ Review and enact effective laws for enforcement, rehabilitation and implementation, i.e., <ul style="list-style-type: none"> <li>→ stop drug supply</li> <li>→ wire taps and search seizures</li> <li>→ effective police tools</li> <li>→ mandatory treatment.</li> </ul> </li> </ul> </li> <li>• Provide law enforcement with the laws and means necessary to arrest and prosecute drug dealers; and provide judges with the laws and means for appropriate sentencing of drug dealers and users, consistent with civil liberties</li> </ul>
Notes from Community Mobilization	Summit Recommendations
<ul style="list-style-type: none"> <li>• Need to change the handout policy of western welfare system. Change public policy.</li> <li>• Find out what public policy doesn't work and fix it.</li> <li>• Focus on public policies related to community mobilization.</li> <li>• Policies regarding housing, especially residences for recovery and safe haven</li> </ul>	<ul style="list-style-type: none"> <li>• We the communities of Hawaii, in the spirit of aloha, will be equal voices and partners in designing, developing, and deciding strategies, resources, and systems of allocation to attain and sustain all our agreed upon goals.</li> <li>• Communities will create and develop action groups/summits with inclusive, diverse representation to strategize and mobilize to access resources that will foster and support safe and healthy ohana units.</li> <li>• Support community building coalitions to leverage and coordinate resources that are responsive to community needs and efforts that reduce, prevent, and eliminate drug related problems. We will employ strategies that are: <ul style="list-style-type: none"> <li>✓ Culturally and gender sensitive</li> <li>✓ All inclusive</li> <li>✓ Respectful of locally designed geographic areas</li> <li>✓ Active and effective</li> </ul> </li> </ul>



## 5. *Other Issues*

The Community Mobilization, Legal Issues, and Multi-Sector groups nominated additional people to join their committees to diversify their perspectives and contribute to the planning process.

The Prevention Ad Hoc Committee also conducted a general discussion about prevention, examining money issues, outcomes and accountability, creating a positive culture, drug testing, and other considerations. In addition, they commented on the need for a clear understanding of the definition of prevention and looked at other data that might inform action steps.

The Multi-Sector Ad Hoc Committee commented on the current status of substance abuse strategy and their vision for the future. Despite the lack of an overall coordinating effort, absence of judicial and executive branch involvement and a sense of urgency, the committee hopes to develop a multi-sector “best practices” plan, coordinate funding, and raise awareness. [N.B. The committee moved to cancel their June 8 meeting.]

## **June 8, 2004**

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The purpose of the meeting was to:

- Identify action items that move the Summit recommendations forward
- Evaluate newly added action items using criteria
- Prepare for June 22 meeting—Identify top 5 proposed action items and top 5 criteria
- Draft a vision statement: What is it all intended to add up to?

Major topics covered at the meeting were:

1. *Revised Criteria*

Prevention	Community Mobilization
<p><i>Overarching Question</i> Do we have programs/activities that address the issue at all critical ages and stages?</p> <ul style="list-style-type: none"> <li>Continuum/Continuity <ul style="list-style-type: none"> <li>✓ Does it fill one of the gaps in current programs?</li> <li>✓ Does it meet one of the critical stages in life?</li> </ul> </li> <li>Community/Collaboration <ul style="list-style-type: none"> <li>✓ Is it initiated by and “owned” by the community?</li> <li>✓ Is it inclusive? (all ages, all sectors)</li> <li>✓ Does it promote partnerships between segments of the community and across boundaries?</li> <li>✓ Does it help the community to be more self-sufficient?</li> </ul> </li> <li>Cultural Sensitivity <ul style="list-style-type: none"> <li>✓ Does it acknowledge culture and cultural differences?</li> <li>✓ Does it allow us to pull ideas from our ancestry/history and build on them in a positive way?</li> </ul> </li> <li>Perspective</li> </ul> <p>Additions from Groups #1 and #3</p> <ul style="list-style-type: none"> <li>Is it economically feasible?</li> <li>Is it consistent with documented knowledge or research-based?</li> <li>Can it build on existing program or institutions?</li> <li>Does it build the 40 Developmental Assets?</li> <li>Does it appropriately acknowledge/involve the family?</li> <li>Is it more focused on the process/evolution rather than the end-product?</li> <li>Cost effective?</li> <li>Do we have people/resources to do it?</li> <li>Science-based/evidence based programs</li> </ul>	<ul style="list-style-type: none"> <li>Is it culturally responsible?</li> <li>Is it an integral part of a holistic system?</li> <li>Is it sustainable? Types of sustainability: <ul style="list-style-type: none"> <li>✓ self sufficient</li> <li>✓ funding</li> <li>✓ other resources</li> <li>✓ long-term changes in community norms</li> </ul> </li> <li>Is it based on economic reality?</li> <li>Is there a process that fosters community empowerment?</li> <li>Is there a process that fosters individual empowerment? Leadership?</li> <li>Is it collaborative?</li> <li>Is it inclusive? Does it engage all sectors?</li> <li>Is it community driven and responsive?</li> <li>Is there accountability at all levels? Does it include benchmarks or other measures of success?</li> <li>Does it lead to self sufficiency? <ul style="list-style-type: none"> <li>✓ Is it a hand up or a handout?</li> <li>✓ Kokua versus Kako'o?</li> </ul> </li> <li>Readiness</li> </ul>

## 2. *Key Criteria—Top 5*

Legal Issues	Treatment
<ul style="list-style-type: none"> <li>• Effect on near-term and long-term goals</li> <li>• Cost effectiveness</li> <li>• Existing research including experiences from other places (states, counties) that support the issue or program</li> <li>• Sustainability</li> <li>• Community buy-in/acceptance/support</li> </ul>	<p>The action is worth pursuing when it:</p> <ul style="list-style-type: none"> <li>• Reflects a public health model/approach, i.e., affects persons and systems outside the designated patient.</li> <li>• Respects relationships of client with others.</li> <li>• Incorporates and/or builds upon current success of programs/services.</li> <li>• Acknowledges and supports interdependent relationships and collaboration of treatment community.</li> <li>• Engages community (at large).</li> </ul>

## 3. *Action Items/Themes*

Action Items: Prevention	Action Themes: Community Mobilization
<p>Groups #1-3</p> <ul style="list-style-type: none"> <li>• Target older elementary/middle school for after school/intersession periods.</li> <li>• Develop positive after school activities for high school and middle school students.</li> <li>• Change school system to longer hours, enrichment, non-credit additions.</li> <li>• Non-school hour programs in ALL middle schools in 42 school districts. Invite private schools.</li> <li>• Develop young adult activity (community) element to include mentoring to meet needs: a) job training, b) life style decision-making</li> <li>• Education reinforcement for adults and seniors</li> <li>• Involve community groups, businesses, state and counties to provide resources to support and empower community prevention activities.</li> <li>• Build sense of community; “shift” village thinking, “attitudinal shift.”</li> <li>• Build on of Hawaii’s uniqueness that has been part of our history.</li> <li>• HINET idea – partnership, information flow!! Use this as a model.</li> <li>• Prevention Czar?</li> <li>• Website for prevention</li> <li>• ADAD statewide prevention plan</li> <li>• Alternative activities for “high risk”</li> <li>• Communication -- linkage</li> <li>• Process-oriented programs</li> </ul>	<ul style="list-style-type: none"> <li>• Identify and mobilize stakeholders.</li> <li>• Coach stakeholders in community mobilization skills and bring experiences of what other people have done, share experiences, and learn from each other.</li> <li>• Develop and execute a model that is culturally sensitive to an individual community and not prescriptive.</li> <li>• Promote spiritual, holistic, and culturally appropriate support.</li> <li>• Identify actions for social change [in schools, families, and in our communities].</li> </ul>

#### 4. *Highest Priority Action Steps—Top 5*

Legal Issues	Treatment
<ul style="list-style-type: none"> <li>• Review and fix HB 2003 Act 44/ Act 161</li> <li>• Sentencing adult &amp; family court – mandatory minimums</li> <li>• Conflicting laws/barriers</li> <li>• Walk and Talk, Knock and Talk – State enforcement laws—bring to the same level as the federal enforcement laws</li> <li>• Review wire tapping laws</li> </ul>	<ul style="list-style-type: none"> <li>• Develop resource structure adequate to support continuum of care across needs structure.</li> <li>• Define measures of success both socially and across individual's lifespan (outcome measures).</li> <li>• Enhance system of care (including outreach and recovery services as part of the treatment spectrum).</li> <li>• Educate the community.</li> <li>• Increase workforce and ensure integrity.</li> </ul>

#### 5. *Vision Statement*

Legal Issues	Treatment
<p>Improve the quality of life in Hawaii by reducing substance abuse through the fostering of sensible, responsible, humanitarian, and enforceable laws. These laws should protect the public while balancing the issues of individual responsibility, addressing the needs of at-risk populations, and supporting cost effective and sustainable programs through government and community partnerships.</p>	<p>Substance use disorders are recognized and managed as socially disruptive, epidemic, and contagious chronic disorders with a capacity for prevention and control.</p> <p>Goals:</p> <ul style="list-style-type: none"> <li>• People have access to a full continuum of care on demand at the time of need.</li> <li>• Communities, as empowered partners, are knowledgeable of when/where to access services.</li> <li>• We provide a community of care addressing the diverse needs of the individual client, including honoring the local culture in welcoming back the client in treatment.</li> </ul>

#### 6. *Other Issues*

The Prevention Ad Hoc Committee continued their discussion from the previous meeting on the definition of prevention. The definition should include the following:

- *Prevention = preventing behavior*  
*Intervention = response to behavior*
- *Prevention is appropriate for all ages*  
*Risk and protective factors are different for different age groups*
- *Our prevention strategies need to be relevant to our contemporary times/environment*

The committee also generated preliminary ideas for the vision statement. The statement will assert that prevention should be—ongoing throughout a person's life, community/family-oriented, constantly evolving, etc.

The Treatment Ad Hoc Committee formulated a broad statement for the June 22 presentation.

- *Substance dependence is a progressive, relapsing, and chronic disease requiring a systematic process of treatment\* supported by a broad spectrum of community-based resources.*
- *\*Treatment is an active process utilizing best practices to engage a person in need to obtain mutually agreed upon goals.*
- *The treatment continuum looks like.... (To be added by later)*
- *The public health model looks at effects on persons and systems beyond the designated patient/client.*

In addition, members talked about the treatment continuum and necessary components for treatment. Additional nominations for the committee were also submitted.

### **Comments**

As anticipated, the ad hoc committees are proceeding at different paces. The June 22 full-day session will bring committees together to finalize both the top five key criteria and the top five proposed action items. Participants will establish a vision for action planning, identify collaborative opportunities, and will also be instructed on designing the action planning process for individual committees in meetings #5-9.

New additions to committees will be announced during the meeting. It is expected that these new members will contribute their expertise and insight and complement the planning already in progress.

The next full-day session is scheduled for August 10, 2004. A second interim report will be issued at that time and will cover meetings #4-6.